



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-01	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: 4 Success Schools, LLC 5727 North Black Canyon Fwy. Phoenix, AZ 85015			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: 4 Success Schools LLC	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: Kelli L. Lund	SIGNATURE: Douglas C. Peebles
TYPED NAME: Kelli L. Lund	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Program Coordinator	TITLE: Procurement Administrator
DATE: 7-3-08	DATE: 6/27/08

4 Success Schools, LLC

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY2008-2009**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$115.00	180	\$20700.00
EDP: Emotional Disability/Separate Facility/Private School	115.00	180	20700.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	115.00	180	20700.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	115.00	180	20700.00
MOMR: Moderate Mental Retardation	115.00	180	20700.00
OHI: Other Health Impairment	113.00	180	20340.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	113.00	180	20340.00
SLI: Speech/Language Impairment	115.00	180	20340.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	113.00	180	20340.00
VI: Visual Impairment			
Alternative General Education: for At-Risk students	115.00	180	20700.00

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

4 Success Schools, LLC

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08
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Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$90.00/hr
Occupational Therapy	YES	NO	90.00/hr
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$125.00/hr as needed
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: OSS	YES	NO	98.00
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	NO	YES	Modified Year - Round Calendar

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-02	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: A New Leaf 868 East University Mesa, AZ 85203			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.	
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
CONTRACTOR: <i>PREPARED BY ARIZONA dba A NEW LEAF</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>
TYPED NAME: <i>Michael T. Hughes</i>	TYPED NAME: Douglas C. Peebles, MBA, CPFB, CPCU
TITLE: <i>CEO</i>	TITLE: Procurement Administrator
DATE: <i>7/15/08</i>	DATE: <i>7/15/08</i>

William K. Eaton School

Please complete for each category you are approved to serve:

A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	K-8- 103.39 9-12- 105.23	243 243	20,574.61 20,940.77
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	K-8-35.00 9-12- 35.00	243 243	6,965
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

William K. Eaton School

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	NO	NO	

Check all grades for which you are approved:

- ☐ PreSchool
 ☐ Kindergarten
 ☐ First
 ☐ Second
 ☐ Third
 ☐ Fourth
 ☐ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-03	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Academic Behavioral Alternatives 1835 east Guadalupe Road, # 103 Tempe, AZ 85238			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: CBHSP Arizona, Inc./Academic Behavioral Alternatives 1835 E. Guadalupe Rd., #103 Tempe, AZ 85283	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: Erik L. Ryan	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Vice President, Educational Services	TITLE: Procurement Administrator
DATE: 07/08/08	DATE: 6/27/08

CBHSP Arizona, Inc. dba Academic Behavioral Alternatives

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY 2008-2009**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$209	180	\$37,620
EDP: Emotional Disability/Separate Facility/Private School	\$150	180	\$27,000
HI: Hearing Impairment	NA	NA	NA
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$209	180	\$37,620
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	NA	NA	NA
MIMR: Mild Mental Retardation	\$150	180	\$27,000
MOMR: Moderate Mental Retardation	\$209	180	\$37,620
OHI: Other Health Impairment	\$150	180	\$27,000
OI: Orthopedic Impairment	\$150	180	\$27,000
PMD: Preschool-Moderate Delay	NA	NA	NA
PSD: Preschool-Severe Delay	NA	NA	NA
PSL: Preschool-Speech/Language Delay	NA	NA	NA
SLD: Specific Learning Disability	\$150	180	\$27,000
SLI: Speech/Language Impairment	\$150	180	\$27,000
SMR: Severe Mental Retardation	\$209	180	\$37,620
TBI: Traumatic Brain Injury	\$209	180	\$37,620
VI: Visual Impairment	NA	NA	NA
Alternative General Education: for At-Risk students	\$150	180	\$27,000

If payment is made within NA calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

CBHSP Arizona, Inc. dba Academic Behavioral Alternatives

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$105/hr.
Occupational Therapy	YES	NO	\$105/hr.
Physical Therapy	YES	NO	\$105/hr.
Audiology	NO	NO	NA
Pre-vocation/Vocational	YES	YES	NA
Counseling/Guidance for Students	YES	NO	\$105/hr.
Parent Counseling and Training	YES	NO	\$105/hr.
Psychoeducational Assessments	YES	NO	\$105/hr.
Psychological Services	YES	NO	\$105/hr.
Recreation	YES	YES	NA
School Health Services	NO	NO	NA
Medical	NO	NO	NA
Transportation	NO	NO	NA
Other: 1:1 Aide	YES	NO	\$25.00/hr.
Other:	NO	NO	NA
Other:	NO	NO	NA
Extended School Year	YES	NO	ED/MIMR: \$100/day A/MD: \$124/day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-04	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Alternatives Unlimited, Inc. 8508 Loch Raven Blvd., Suite E Baltimore, MD 21286			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Alternatives Unlimited</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>
TYPED NAME: LAURA BRISTOW	TYPED NAME: Douglas C. Peebles, MBA, CFPB, CPCM
TITLE: VP, Business Svcs	TITLE: Procurement Administrator
DATE: 7/2/08	DATE: 6/27/08

Alternatives Unlimited, Inc.

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY09**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	115.50	210	\$24,255
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	115.50	210	\$24,255
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	115.50	180	\$20,790

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Alternatives Unlimited, Inc.

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	NO	\$75.00/hour
Physical Therapy	YES	NO	\$75.00/hour
Audiology	YES	NO	\$75.00/hour
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	100.00/hour
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	YES	NO	\$20.00, one way/student
Other: Social Worker	YES	YES	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	YES	except alternative

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-05	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: ACCL 10251 N. 35 th Avenue Phoenix, AZ 85051			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>ACCEL</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Connie F. Laird</i>	SIGNATURE: <i>Douglas C. Peebles</i>
TYPED NAME: CONNIE F. LAIRD	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: EXECUTIVE DIRECTOR	TITLE: Procurement Administrator
DATE: <i>7/10/08</i>	DATE: <i>6/27/08</i>

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY 2008/2009**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$200.00	180	\$36,000
EDP: Emotional Disability/Separate Facility/Private School	\$200.00	180	36,000
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$200.00	180	\$36,000
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$200.00	180	\$36,000
MIMR: Mild Mental Retardation	\$183.33	180	\$33,000
MOMR: Moderate Mental Retardation	\$200.00	180	\$36,000
OHI: Other Health Impairment	\$183.33	180	\$33,000
OI: Orthopedic Impairment	\$183.33	180	\$33,000
PMD: Preschool-Moderate Delay	\$127.78	180	\$23,000
PSD: Preschool-Severe Delay	\$144.44	180	\$26,000
PSL: Preschool-Speech/Language Delay	\$127.78	180	\$23,000
SLD: Specific Learning Disability	\$183.33	180	\$33,000
SLI: Speech/Language Impairment	\$183.33	180	\$33,000
SMR: Severe Mental Retardation	\$200.00	180	\$36,000
TBI: Traumatic Brain Injury	\$183.33	180	\$33,000
VI: Visual Impairment	\$200.00	180	\$36,000
Alternative General Education: for At-Risk students			

If payment is made within 10 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 1 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

ACCEL will charge districts an interest based service charge on the late payment of bills. Service charge is 1% on the unpaid balance each month starting after 30 days from invoice date of bill.

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ACCEL

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08/09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$100/hour
Occupational Therapy	YES	NO	\$100/hour
Physical Therapy	YES	NO	\$100/hour
Audiology	NO	NO	NA
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$100/hour
Parent Counseling and Training	NO	NO	NA
Psychoeducational Assessments	NO	NO	NA
Psychological Services	NO	NO	NA
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	NA
Transportation	NO	NO	NA
Other: Vocational Evaluations	YES	NO	\$100/hour
Other: 1 : 1 Staff	YES	NO	\$100/day
Other: 1 : 1 Behavior Tech	YES	NO	\$100/day
Extended School Year	YES	NO	see attached

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

ACCEL

ESY RATE SCHEDULE 2008-2009
ATTACHMENT 6.1

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A	\$195.00	20	\$3,900
EDP	\$195.00	20	\$3,900
MD (VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR/ OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED)	\$195.00	20	\$3,900
MDSSI (SVI/MOMR, SVI/SMR, SVI/EDP)	\$195.00	20	\$3,900
MIMR	\$175.00	20	\$3,500
MOMR	\$195.00	20	\$3,900
OHI	\$175.00	20	\$3,500
OI	\$175.00	20	\$3,500
PMD	\$145.00	20	\$2,900
PSD	\$145.00	20	\$2,900
PSL	\$145.00	20	\$2,900
SLD	\$175.00	20	\$3,500
SLI	\$175.00	20	\$3,500
SMR	\$195.00	20	\$3,900
TBI	\$175.00	20	\$3,500
VI	\$195.00	20	\$3,900



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-06	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Chrysalis Academy 610 East Baseline Road Tempe, AZ 85238			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: Chrysalis Academy	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: Tara J. Rice	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Co-owner / Director	TITLE: Procurement Administrator
DATE: 7/7/08	DATE: 6/27/08

CHRYSLIS ACADEMY

TYPE SCHOOL/FACILITY NAME HEREATTACHMENT #1
FEE SCHEDULE PART I AMENDMENT FOR FY 13-09

Please complete for each category you are approved to serve:

Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$150. ⁰⁰	215	\$32,250. ⁰⁰
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$150. ⁰⁰	215	\$32,250. ⁰⁰
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment	\$150. ⁰⁰	215	\$32,250. ⁰⁰
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

CHRYSALEIS ACADEMY
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT A1
 FTE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (If not Included)
Speech/Language Therapy	PLEASE INDICATE	PLEASE INDICATE	\$ 90.00
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	\$ 90.00
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	\$ 90.00
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	
Other: <i>one on one aide</i>	PLEASE INDICATE	PLEASE INDICATE	\$ 225/day
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☐ Fourth
 ☐ Fifth
☒ Sixth
 ☒ Seventh
 ☐ Eighth
 ☐ Ninth
 ☐ Tenth
 ☐ Eleventh
 ☐ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-07	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Desert Choice Schools, LLC 1110 East Missouri Avenue Phoenix, AZ 85014			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Desert Choice Schools, L.L.C.</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Marshall Langan</i>	SIGNATURE: <i>Douglas C. Peebles</i>
TYPED NAME: Marshall Langan	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Managing Member	TITLE: Procurement Administrator
DATE: 7.1.2008	DATE: 6/27/08

DESERT CHOICE SCHOOLS

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$127.50	180	\$22,950.00
EDP: Emotional Disability/Separate Facility/Private School	\$127.50	180	\$22,950.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/VI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$127.50	180	\$22,950.00
MOMR: Moderate Mental Retardation	\$127.50	180	\$22,950.00
OHI: Other Health Impairment	\$127.50	180	\$22,950.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$127.50	180	\$22,950.00
SLI: Speech/Language Impairment	\$127.50	180	\$22,950.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$150.00	180	\$27,000.00

No Increase for
2008-2009

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DESERT CHOICE SCHOOLS

ATTACHMENT 6.1

FEE SCHEDULE PART II - AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$80.00/hr
Occupational Therapy	YES	NO	\$80.00/hr
Physical Therapy	YES	NO	\$80.00/hr
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	NO	\$55.00/per 1/2 hr
Parent Counseling and Training	YES	NO	Negotiable
Psychoeducational Assessments	YES	NO	\$650.00/ea English
Psychological Services	YES	NO	\$55.00/per 1/2 hr
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	Negotiable
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$90.00 per day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

No Increase for
2008-2009



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-08	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Desert Voices Oral learning Center 3426 East Shea Blvd. Phoenix, AZ 85028			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Desert Voices</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Emily K. Lawson</i>	SIGNATURE: <i>Douglas C. Peeples</i>
TYPED NAME: Emily Lawson	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM
TITLE: Executive Director	TITLE: Procurement Administrator
DATE: 7-9-08	DATE: 6/27/08

DESERT VOICES

ATTACHMENT 6.1 FOR SCHEDULE PART 1 - AMENDMENT FOR FY 08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment	\$102.70	185	\$19,000
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DESERT VOICES

ATTACHMENT 6
PDE SCHEDULE TABLE FOR FY 08/09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	NO	NO	

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☐ Fourth
 ☐ Fifth
☐ Sixth
 ☐ Seventh
 ☐ Eighth
 ☐ Ninth
 ☐ Tenth
 ☐ Eleventh
 ☐ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-09	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Devereux Arizona 11000 N. Scottsdale Road, Ste 260 Scottsdale, AZ 85254			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Devereux Arizona</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Lone Martin-Barker</i>	SIGNATURE: <i>Douglas C. Peebles</i>
TYPED NAME: <i>Lone Martin-Barker</i>	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: <i>Executive Director</i>	TITLE: Procurement Administrator
DATE: <i>7/3/08</i>	DATE: <i>6/27/08</i>

DEVEREUX ARIZONA

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$147	180	\$26,460
EDP: Emotional Disability/Separate Facility/Private School	\$147	180	\$26,460
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$147	180	\$26,460
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$147	180	\$26,460
MOMR: Moderate Mental Retardation	\$147	180	\$26,460
OHI: Other Health Impairment	\$147	180	\$26,460
OI: Orthopedic Impairment	\$147	180	\$26,460
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$147	180	\$26,460
SLI: Speech/Language Impairment	\$147	180	\$26,460
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$147	180	\$26,460

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DEVEREUX ARIZONA

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$78/hr
Occupational Therapy	YES	NO	\$78/hr
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$78/hr
Parent Counseling and Training	YES	NO	\$78/hr
Psychoeducational Assessments	YES	NO	\$50/hr
Psychological Services	YES	NO	\$50/hr
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	YES	NO	\$78/hr
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$147/day

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION



1. AGREEMENT NO.: ED08-0011-10	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Foundation For Blind Children 1235 E. Harmont Phoenix, AZ 85020			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: Foundation For Blind Children	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: Marc Ashton	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Executive Director	TITLE: Procurement Administrator
DATE: 7-02-2008	DATE: 6/27/08

FOUNDATION FOR BLIND CHILDREN/K-2

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY2008-2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input checked="" type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$140.27	180	\$25,250 (rate includes all appropriate therapies as developed by the IEP team including O&M services).
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input checked="" type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$140.27	180	\$25,250 (rate includes all appropriate therapies as developed by the IEP team including O&M services).
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/K-2

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$80.00/HOUR
Parent Counseling and Training	YES	NO	\$80.00/HOUR
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$500.00/WEEK

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☐ Third
 ☐ Fourth
 ☐ Fifth
☐ Sixth
☐ Seventh
☐ Eighth
☐ Ninth
☐ Tenth
☐ Eleventh
☐ Twelfth

FOUNDATION FOR BLIND CHILDREN/PRE-SCHOOL

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY2008-2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSD: Preschool-Severe Delay	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSL: Preschool-Speech/Language Delay	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
SLD: Specific Learning Disability			

SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/PRE-SCHOOL

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$75.00/HOUR
Occupational Therapy	YES	NO	\$75.00/HOUR
Physical Therapy	YES	NO	\$75.00/HOUR
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$80.00/HOUR
Parent Counseling and Training	YES	NO	\$80.00/HOUR
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	

Medical	NO	NO	
Transportation	NO	NO	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$500.00/WEEK

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☐ Third
 ☐ Fourth
 ☐ Fifth
☐ Sixth
☐ Seventh
☐ Eighth
☐ Ninth
☐ Tenth
☐ Eleventh
☐ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-11	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Gateway Academy 14255 N. 76 th Place, A+ 7655 E. GARDING DR., A-3 Scottsdale, AZ 85260			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: O. ROBIN SWEET	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: EXECUTIVE DIRECTOR	TITLE: Procurement Administrator
DATE: 7/7/08	DATE: 6/27/08

GATEWAY ACADEMY
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$250	180	\$45,000
EDP: Emotional Disability/Separate Facility/Private School	\$250	180	\$45,000
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$250	180	\$45,000
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$250	180	\$45,000
SLI: Speech/Language Impairment	\$250	180	\$45,000
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

GATEWAY ACADEMY
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08/09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$250/hour
Psychological Services	YES	NO	\$250/hour
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other: Equine Therapy	YES	YES	
Other: Social Skills	YES	YES	
Extended School Year	YES	YES	\$250 per day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-12	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Gompers Habilitation Center 6601 N. 27 th Avenue Phoenix, AZ 85017			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: Gompers Habilitation Center	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Thomas A. Dempster, PhD.</i>	SIGNATURE: <i>Douglas C. Peebles</i>
TYPED NAME: Thomas A. Dempster, PhD	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Director of Education/Principal	TITLE: Procurement Administrator
DATE: July 3, 2008	DATE: 6/27/08

GOMPERS SCHOOL at Gompers Habilitation Center

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY2008

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$160	181	\$28,960
EDP: Emotional Disability/Separate Facility/Private School	\$160	181	\$28,960
HI: Hearing Impairment	\$160	181	\$28,960
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$160	181	\$28,960
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$160	181	\$28,960
MIMR: Mild Mental Retardation	\$160	181	\$28,960
MOMR: Moderate Mental Retardation	\$160	181	\$28,960
OHI: Other Health Impairment	\$160	181	\$28,960
OI: Orthopedic Impairment	\$160	181	\$28,960
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$160	181	\$28,960
SLI: Speech/Language Impairment	\$160	181	\$28,960
SMR: Severe Mental Retardation	\$160	181	\$28,960
TBI: Traumatic Brain Injury	\$160	181	\$28,960
VI: Visual Impairment	\$160	181	\$28,960
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT 6.1
 FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$75/hr Direct \$50/hr Group
Occupational Therapy	YES	NO	\$75/hr Direct \$50/hr Group
Physical Therapy	YES	NO	\$75/hr Direct \$50/hr Group
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Recreation Therapy	YES	NO	\$65/hr Direct \$45/hr Group
Other: Therapy Evaluation	YES	NO	Hourly rate X 3 plus \$50
Other: 1-to-1 Paraprofessional	YES	NO	\$105/day
Extended School Year	YES	NO	\$125/day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-13	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: The Hi-star Center for Children 6807 8507 N. 43 rd Avenue Phoenix, AZ 85019			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: THE HI-STAR CENTER	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Kristin E. Texada</i>	SIGNATURE: <i>Douglas C. Peebles</i>
TYPED NAME: KRISTIN E. TEXADA	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: PROGRAM DIRECTOR	TITLE: Procurement Administrator
DATE: 7/14/08	DATE: 6/27/08

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY 2008 - 2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$163.00	180	\$29,340.00
EDP: Emotional Disability/Separate Facility/Private School	\$163.00	180	\$29,340
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$163.00	180	\$29,340
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$163.00	180	\$29,340
MOMR: Moderate Mental Retardation	\$163.00	180	\$29,340
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$163.00	180	\$29,340
SLI: Speech/Language Impairment	\$163.00	180	\$29,340
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within NA calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$2,771.00

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-14	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Howard S. Gray Education Program @ Banner Behavioral Health Hospital-Scottsdale Scottsdale, AZ 85251			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.I of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: Howard S. Gray Education Program @ Banner Behavioral Health Hosp. - Scottsdale	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Shari Carlsted</i>	SIGNATURE: <i>Douglas C. Peoples</i>
TYPED NAME: Shari Carlsted	TYPED NAME: Douglas C. Peoples, MBA, CPPB, CPCM
TITLE: Principal	TITLE: Procurement Administrator
DATE: 7-21-08	DATE: 6/27/08

Howard S. Gray Education Program**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY2008-2009**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$130.00	181	\$23,530.00
EDP: Emotional Disability/Separate Facility/Private School	\$130.00	181	\$23,530.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/VI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$130.00	181	\$23,530.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$130.00	181	\$23,530.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$130.00	181	\$23,530.00

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Howard S. Gray Education Program

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$26.00 /15 min unit \$325.00 /Evaluation
Occupational Therapy	YES	NO	\$23.00 /15 min unit
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	YES	NO	\$26.00 /15 min unit
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	YES	NO	\$50.00/ day for only select specific districts
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	YES	\$80.00/ day

Check all grades for which you are approved:

- ☐ PreSchool ☐ Kindergarten ☐ First ☐ Second ☐ Third ☐ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-15	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Life development Institute 18001 N. 79 th Avenue Glendale, AZ 85308			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

8 JUL -7 AM '08

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Life Development Institute</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>
TYPED NAME: Rob Crawford	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: CEO	TITLE: Procurement Administrator
DATE: 7-2-08	DATE: 6/27/08

Life Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$140	180	\$25,200
EDP: Emotional Disability/Separate Facility/Private School	\$140	180	\$25,200
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$140	180	\$25,200
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$140	180	\$25,200
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$140	180	\$25,200
SLI: Speech/Language Impairment	\$140	180	\$25,200
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	NO	NO	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	Guidance included in rate/counseling \$75 1/2 hour
Parent Counseling and Training	YES	NO	\$75 1/2 hour
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	YES	NO	Vocational Assessments \$500 Flat Rate
Other:	YES	NO	Independent Living skills Assessments \$750 Flat Rate
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	4 week summer session \$140 per day

Check all grades for which you are approved:

☐ PreSchool
 ☐ Kindergarten
 ☐ First
 ☐ Second
 ☐ Third
 ☐ Fourth
 ☐ Fifth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-16	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Neurologic Music Therapy Services of Arizona 2702 North 3 rd street, suite 1000 Phoenix, AZ 85004			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Neurologic Music Therapy Services of AZ</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>
TYPED NAME: <i>Suzanne Oliver</i>	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: <i>Executive Director</i>	TITLE: Procurement Administrator
DATE: <i>7/2/08</i>	DATE: <i>6/27/08</i>

ACT Program/Neurologic Music Therapy Services of Arizona NO RATE CHANGE**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY '08-'09**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$157	180	\$28,260
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ACT Program/Neurologic Music Therapy Services of Arizona**ATTACHMENT 6
EEF SCHEDULE PART II - AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$80.00/hour
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	\$80.00/hour
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other: Neurologic Music Therapy/2x daily	YES	YES	
Other: Reading Specialist/daily	YES	YES	
Other: 1:1 Behavioral Support	YES	NO	\$84.00
Extended School Year	NO	NO	

Check all grades for which you are approved:

- ☐ PreSchool ☐ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☐ Eighth ☐ Ninth ☐ Tenth ☐ Eleventh ☐ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-17	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: New Way Learning Academy 1300 N. 77 th Street Scottsdale, AZ 85257			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>New Way Learning Academy</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Dawn Gutierrez</i>	SIGNATURE: <i>Douglas C. Peebles</i>
TYPED NAME: Dawn Gutierrez	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Head of School	TITLE: Procurement Administrator
DATE: 7/2/08	DATE: 6/27/08

NEW WAY LEARNING ACADEMY

ATTACHMENT 6.1 FEE SCHEDULE PART I - AMENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
* OHI: Other Health Impairment	150	180	
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
* SLD: Specific Learning Disability	150	180	
* SLI: Speech/Language Impairment	150	180	
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

NEW WAY LEARNING ACADEMY

ATTACHMENT 6.1 FEE SCHEDULE PART II - AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	NA
Audiology	NO	NO	NA
Pre-vocation/Vocational	NO	NO	NA
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO YES	
Psychological Services	YES	NO YES	
Recreation	YES NO	YES NO	N/A
School Health Services	YES	YES	
Medical	NO	NO	N/A
Transportation	NO	NO	N/A
Other: Music Therapy	YES NO	YES NO	
Other: Equine Therapy	YES NO	YES NO	
Other: Social Skills	YES	YES	
Extended School Year	YES	YES NO	150 per day 20 days

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-19	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Southwest Education center 4433 N. 7 th Street Phoenix, AZ 85014			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: LAURA BREISER	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Principal	TITLE: Procurement Administrator
DATE: 6/27/08	DATE: 6/27/08

S.W. EDUCATION CENTER
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY 2008-2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	170.00	180	\$30600
EDP: Emotional Disability/Separate Facility/Private School	136.00	180	\$24480
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/VI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	170.00	180	\$30600
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	170.00	180	\$30600
MOMR: Moderate Mental Retardation	170.00	180	\$30600
OHI: Other Health Impairment	136.00	180	\$24480
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	136.00	180	\$24480
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	170.00	180	\$30600
TBI: Traumatic Brain Injury	136.00	180	\$24480
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

SOUTHWEST EDUCATION
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$85
Occupational Therapy	YES	NO	\$100
Physical Therapy	YES	NO	\$100
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	See Attachment
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	Daily Rate

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

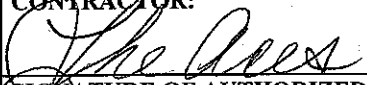

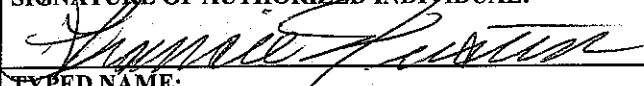
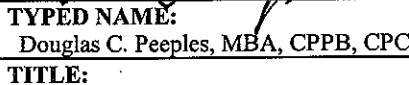
1. AGREEMENT NO.: ED08-0011-20	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: The ACES 6815 West Cactus Road Peoria, AZ 85381			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:
	
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
	
TYPED NAME:	TYPED NAME:
Francie Austin, M.E.D.	Douglas C. Peeples, MBA, CPPB, CPCM
TITLE:	TITLE:
President	Procurement Administrator
DATE:	DATE:
7-3-08	6/27/08

THE ACES
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1

FEI SCHEDULE PART 1: AMENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

A: Autism	172.00	187	32,164
EDP: Emotional Disability/Separate Facility/Private School	145.00	187	27,115
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	145.00	187	27,115
MOMR: Moderate Mental Retardation	172.00	187	32,164
OHI: Other Health Impairment	145.00	187	27,115
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	145.00	187	27,115
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

THE ACES
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT A
SEE SCHEDULE PART D - AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	PLEASE INDICATE	PLEASE INDICATE	124.00
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	124.00
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	124.00
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	250.00 - 500.00
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	Negotiable
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	120 ⁰⁰ / 142 ⁰⁰

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

↑ For A,
momr
students



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-21	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: The Aurora School 17667 N. 91 st Avenue Peoria, AZ 85382			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: The Aurora School LLC	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: Dr. Sherry Jones	TYPED NAME: Douglas C. Peebles, MBA, CPPB, CPCM
TITLE: Director of Education	TITLE: Procurement Administrator
DATE: 7/03/08	DATE: 6/27/08

THE AURORA SCHOOL
TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT G.1
FEE SCHEDULE PART I - AMENDMENT FOR FY08/09**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	170.00	180	
EDP: Emotional Disability/Separate Facility/Private School	150.00	180	
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	170.00	180	
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	150	180	
MOMR: Moderate Mental Retardation	150	180	
OHI: Other Health Impairment	150	180	
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	150	180	
SLI: Speech/Language Impairment	150	180	
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

THE AURORA SCHOOL
TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08/09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	85/HR
Occupational Therapy	YES	NO	85/HR
Physical Therapy	YES	NO	85/HR
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	75/hr
Parent Counseling and Training	YES	NO	
Psychoeducational Assessments	YES	NO	75/hr
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Equine therapy	YES	YES	
Other: Canine therapy	YES	YES	
Other: Art therapy	YES	YES	
Extended School Year	YES	NO	95/day

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-22	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Childrens Center for Neurodevelopmental studies 5430 West Glenn Drive Glendale, AZ 85301			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

2008-08-01 10:00 AM

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: for Neurodevelopmental Studies 5430 W. Glenn Drive Glendale, AZ 85301	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: James Paul	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM
TITLE: Special Education Coordinator	TITLE: Procurement Administrator
DATE: 7/2/08	DATE: 6/27/08

The Children's Center for Neurodevelopmental Studies

ATTACHMENT C
BID SCHEDULE TABLE - AMENDMENT FOR BY *05/18*

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	183.00	180	32,940.00
EDP: Emotional Disability/Separate Facility/Private School	183.00	180	32,940.00
HI: Hearing Impairment	N/A	N/A	N/A
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	183.00	180	32,940.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	183.00	180	32,940.00
MIMR: Mild Mental Retardation	183.00	180	32,940.00
MOMR: Moderate Mental Retardation	183.00	180	32,940.00
OHI: Other Health Impairment	183.00	180	32,940.00
OI: Orthopedic Impairment	183.00	180	32,940.00
PMD: Preschool-Moderate Delay	146.00	180	26,280.00
PSD: Preschool-Severe Delay	146.00	180	26,280.00
PSL: Preschool-Speech/Language Delay	146.00	180	26,280.00
SLD: Specific Learning Disability	183.00	180	32,940.00
SLI: Speech/Language Impairment	183.00	180	32,940.00
SMR: Severe Mental Retardation	183.00	180	32,940.00
TBI: Traumatic Brain Injury	N/A	N/A	N/A
VI: Visual Impairment	N/A	N/A	N/A
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

The Children's Center for Neurodevelopmental Studies

ATTACHMENT 1
 IEE SCHEDULE PART II AMENDMENT FOR 1Y08/09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocational/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other: Horticulture	YES	YES	
Other: Music	YES	YES	
Extended School Year	YES	YES	183.00 per day

One on one Aide

YES

NO

\$15.00 per hour

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-23	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Upward Foundation 6306 N. 7 th ST. Phoenix, AZ 85014			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:
<i>Upward Foundation</i>	
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
<i>Sharon L. Graham</i>	<i>Douglas C. Peeples</i>
TYPED NAME:	TYPED NAME:
Sharon L. Graham	Douglas C. Peeples, MBA, CPPB, CPCM
TITLE:	TITLE:
Director of Programs	Procurement Administrator
DATE:	DATE:
7/2/08	6/27/08

UPWARD FOUNDATION

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08-09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input checked="" type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$188.50	183	\$34,495.50
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input checked="" type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$188.50	183	\$34,495.50
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation	\$188.50	183	\$34,495.50
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$143.75	140	\$20,125.00
PSD: Preschool-Severe Delay	\$143.75	140	\$20,125.00
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

UPWARD FOUNDATION

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	YES	YES	
Medical	YES	YES	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$188.50/day(K-12) \$143.75/day(PS)

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section

1535 West Jefferson Street, Bin #37

Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-24	2. MODIFICATION NO.: 1	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AND ADDRESS: Youth Development Institute 1830 E. Roosevelt Road Phoenix, AZ 85006			
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments			
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR: <i>Youth Development Institute</i>	ARIZONA DEPARTMENT OF EDUCATION:
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Trish Cocoros</i>	SIGNATURE: <i>Douglas C. Peeples</i>
TYPED NAME: Trish Cocoros	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM
TITLE: Associate Director	TITLE: Procurement Administrator
DATE:	DATE: 6/27/08

Youth Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$128.00	180	\$23,040
EDP: Emotional Disability/Separate Facility/Private School	\$128.00	180	\$23,040
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$128.00	180	\$23,040
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$128.00	180	\$23,040
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$128.00	180	\$23,040
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$128.00	180	\$23,040
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$128.00	180	\$23,040

If payment is made within ___ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Youth Development Institute

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08/09**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	PLEASE INDICATE	PLEASE INDICATE	
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	\$128x30dys=\$3,840

Check all grades for which you are approved:

- ☐ PreSchool
 ☐ Kindergarten
 ☐ First
 ☐ Second
 ☐ Third
 ☐ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth